

# Arizona Health Improvement Plan

## *Substance Abuse*

Criteria	Health Issue Data/Information
<b>Scope or Magnitude of the Problem</b> <ul style="list-style-type: none"> <li>How many people across Arizona are affected by the health issue?</li> </ul>	<ul style="list-style-type: none"> <li>Recent data indicates that within the past month, 28.1% of HS students have used alcohol and 51.7% of students have used alcohol in their lifetime (Arizona Youth Survey, 2012)</li> <li>Arizona prescription drug misuse and abuse is the 6<sup>th</sup> highest rate in the nation with 5.66% of residents over the age of 12 abusing prescription pain-reliever</li> <li>In 2010, 13% of Arizona adults and 10.4% of Arizona youth reported some type of prescription drug misuse in the past 30 days (National Survey on Drug Use and Health, 2012)</li> </ul>
<b>Severity (Morbidity / Mortality)</b> <ul style="list-style-type: none"> <li>Does the health issue result in death, disability, or ongoing illness?</li> </ul>	<ul style="list-style-type: none"> <li>The United States Census Bureau (2010) estimates Arizona's population at 6,392,017. In the same year, Arizona had 1,176 deaths (an age-adjusted rate of 18.7 per 100,000 individuals) that were caused by drug poisonings and 54% of the poisons commonly listed on death certificates were prescription drugs</li> <li>In regards to hospital inpatient discharges related to poisoning, Arizona Department of Health Services Vital Statistics reported that 20,337 Arizonans were poisoned by drugs, medicinal and/or biological substances in 2012</li> <li>The number of hospital inpatient discharges related to drug dependence and drug abuse was reported at 76,825 in 2012. Of those drug dependence and drug abuse discharges, the young adult population (ages 20-44) had the highest number of discharges at 44,620</li> <li>Arizona has the fourth highest rate of alcohol related deaths in the nation at 13.4% for working age 20-64 (CDC). In 2012, Arizona Vital Statistics reported 18,486 emergency department visits which listed "non-dependent abuse of drugs" as the first listed diagnosis</li> <li>Emergency department visits that listed "alcohol dependence syndrome" as the first listed diagnosis totaled 4,671</li> <li>Additionally, 3,556 Arizonans presented with a first listed diagnosis of "alcohol and/or drug psychoses" in Arizona emergency departments</li> </ul>
<b>Potential to Impact (Winnable Battle)</b> <ul style="list-style-type: none"> <li>What resources (funding, workforce, programs, etc.) are available to address the health issue?</li> <li>Can progress be made on the health issue within five years?</li> </ul>	<ul style="list-style-type: none"> <li>ADHS maintains a comprehensive service delivery network providing primary prevention, treatment and rehabilitation programs to Children and Adolescents, as well as Adults with General Mental Health Disorders (GMH), Serious Mental Illnesses (SMI) and/or Substance Use Disorders (SA/SUD)</li> <li>In January of 2012, the Arizona Substance Abuse Partnership (ASAP) made prescription drug misuse and abuse their strategic area of focus. Staffed by the Governor's Office, ASAP is the single statewide council on substance abuse prevention, treatment, enforcement, and recovery for the</li> </ul>

<ul style="list-style-type: none"> <li>• Could addressing the health issue also address other problems at the same time?</li> </ul>	<p>state of Arizona. As ADHS integrates substance abuse, behavioral health and physical health care, the ability to impact substance use will be a key component in increasing the health of the population</p> <ul style="list-style-type: none"> <li>• Current SAMHSA Substance Abuse Block Grant funding, SBIRT (Screening, Brief Intervention and Referral to Treatment) funds are in place to support these efforts to offer support throughout Arizona</li> <li>• Prevention does work and impact can be made over a five year period; particularly regarding coordinated efforts to address under-age drinking in our border communities and decrease rate of alcohol and other drug related deaths</li> <li>• Advances in reducing substance abuse will translate into decreased prevalence of accidental deaths, accidental injuries, suicide, and chronic physical health conditions exacerbated by substance use, abuse and dependence</li> </ul>
<p><b>Cost-Effectiveness</b></p> <ul style="list-style-type: none"> <li>• What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs?</li> <li>• How much money can be saved by addressing the problem?</li> <li>• Does the money put into a solution reduce costs enough to make the solution worthwhile?</li> <li>• What's the value of addressing the health issue?</li> </ul>	<ul style="list-style-type: none"> <li>• During fiscal year 2013, ADHS spent \$125,989,358 in service funding for individuals and families with substance abuse disorders</li> <li>• Implementing effective prevention programs is a direct way to lower the costs of treatment</li> <li>• Continuing to treat substance use disorders along with reducing the number of individuals needing services will positively impact the population</li> <li>• Addressing this issue directly translates into improved health and wellness for Arizonans while decreasing the healthcare costs associated with accidental injury, suicide and evolving chronic health conditions that result from continued abuse</li> </ul>
<p><b>Quality of Life</b></p> <ul style="list-style-type: none"> <li>• How does the health issue impact daily living activities?</li> <li>• How does it impact usual activities, such as work, self-care, or recreation?</li> </ul>	<ul style="list-style-type: none"> <li>• ADHS relies on a variety of mechanisms to measure the effectiveness of treatment; including assessing the change in numerous functional outcome indicators for persons receiving behavioral health services</li> <li>• By definition substance abuse means that the individual is experiencing adverse impact in areas of daily living (including work, self-care and recreation) related to that person's use of substances to be categorized as substance abuse</li> </ul>
<p><b>Disparities</b></p> <ul style="list-style-type: none"> <li>• How are groups of people affected differently by the health issue?</li> <li>• Are some groups of people more likely to be affected by the health issue than others? How significant are the differences?</li> </ul>	<ul style="list-style-type: none"> <li>• Youth aged 12-24, especially within the Veteran, Native American, and students of higher education populations are at higher risk substance abuse problems. These disparities may be the result of differences in language, beliefs, norms, values, geographic remoteness/accessibility, availability of funding/resources, and/or socioeconomic factors specific to the targeted subpopulations</li> <li>• Specifically targeted evidence-based practices (EBPs) are aimed at reducing substance use among</li> </ul>

<ul style="list-style-type: none"> <li>Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.</li> </ul>	these populations
<b>Evidence-Based Models Exist</b> <ul style="list-style-type: none"> <li>Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?</li> </ul>	<ul style="list-style-type: none"> <li>Arizona currently utilizes numerous EBP in the delivery of substance abuse treatment and prevention. Arizona has identified EBPs which are appropriate for specific geographic areas as well as for individual populations</li> <li>In reference to the Prescription Drug Initiative, there are five defined strategies for the reduction of prescription drug misuse and abuse which are able to be implemented within any community across the state</li> </ul>
<b>Community Readiness / Interest in Solving</b> <ul style="list-style-type: none"> <li>What's the degree of public support and/or interest in working on the health issue?</li> <li>Which counties include this issue as a community health priority?</li> </ul>	<ul style="list-style-type: none"> <li>The State and local level identify substance use as a priority area to address</li> <li>Community coalitions are already working on reducing substance use and the state has developed specific strategies to address underage drinking and prescription drug use</li> </ul>
<b>Arizona Ranking below the US data</b> <ul style="list-style-type: none"> <li>Is Arizona doing better or worse than the U.S.?</li> <li>How much better or worse are we doing compared to the nation?</li> </ul>	<ul style="list-style-type: none"> <li>Arizona is ranked substantially higher in both prescription drug abuse and alcohol related deaths</li> <li>Current data shows that Arizona is 6<sup>th</sup> in the nation for prescription drug abuse and 4<sup>th</sup> for alcohol related deaths</li> </ul>
<b>Political Feasibility</b> <ul style="list-style-type: none"> <li>Is there enough support from elected officials or other policymakers to help move a strategy to implementation?</li> </ul>	<ul style="list-style-type: none"> <li>In response to the prescription drug abuse epidemic, ADHS has joined with the Governor's Office, Arizona Criminal Justice Commission, the Board of Pharmacy, and numerous other stakeholders to develop the prescription drug initiative</li> <li>While this effort was in response to one particular substance, there is an underlying commitment from the diversely represented group to continue addressing substance use in the state. This group has been the catalyst in moving the prescription drug initiative forward</li> </ul>
<b>Trend Direction</b> <ul style="list-style-type: none"> <li>Has the health issue been getting better or worse over time?</li> </ul>	<ul style="list-style-type: none"> <li>The Prescription Drug Initiative has seen positive outcomes such as an increased use in the PDMP, a reduced number of pain prescriptions and changes in policy</li> </ul>